

## APPENDIX B

### **BROOK SEXUAL HEALTH CLINIC** **CLIENT QUESTIONNAIRE**

Male ☐ Female ☐ Age ☐

We would be grateful if you could spend a little time completing this questionnaire so that we can try to improve our service to our clients. This questionnaire is completely anonymous.  
Please hand the completed questionnaire to the reception staff back to the nurse.

**1. Did you have any difficulty making an appointment?** YES ☐ NO ☐

If yes, please explain what the problem / difficulty was

**2. How long did you wait for an appointment?**

Days

**3. Why did you wish to be seen?**

STI Screen ☐ Contraception ☐  
HIV test ☐ Cytology ☐

**4. How did you find the surroundings on the 2<sup>nd</sup> floor clinic**

Very Good    Good    OK    Not Good

WAITING ROOM


EXAMINATION ROOM

Are there any ways in which you think we could improve the surroundings?

**5. Did you find the information leaflets given to you before and at the clinic useful?** YES ☐ NO ☐ Not given ☐

**6. Would you have liked more information prior to attending the clinic** YES ☐ NO ☐

If yes, what information would you like to receive?

**7. Did the staff make you feel comfortable or at ease?** Good ☐ OK ☐ Not Good ☐

**8. How did you find the attitude of the staff towards you?**

NURSING STAFF	Good	<input type="checkbox"/>	OK	<input type="checkbox"/>	Not Good	<input type="checkbox"/>
INFORMATION WORKER	Good	<input type="checkbox"/>	OK	<input type="checkbox"/>	Not Good	<input type="checkbox"/>
RECEPTIONIST	Good	<input type="checkbox"/>	OK	<input type="checkbox"/>	Not Good	<input type="checkbox"/>

If you replied “not good” to any of the above, please comment on why:

Do you have any suggestions to make regarding improvements to the service we currently offer?